

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>S.M.M.L.</i>		<i>10-18-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>ST</i>	<i>827</i>	<i>10/30/01</i>
RESPONSE F RMALITY REVIEW	<i>ST</i>	<i>1001</i>	<i>03/11/02</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	<i>10/20/01</i>
2	<i>10/20/01</i>
3	<i>10/20/01</i>
4	<i>10/20/01</i>
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet her

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50-781
03-12-02

50-11
10/31